

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE
PHYSICIAN AND SURGEON

DOPL-AP-001 REV 03/28/2002

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a post office box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. Submit a Federation Credentials Verification Service (FCVS) report.

Request an application packet from the Federation Credentials Verification Service, P.O. Box 970900, Dallas, TX 75397-0900, telephone (817) 868-5000, fax (817) 868-5009. Complete and return the FCVS application to the FCVS who will submit the report directly to the Division. **Allow 60 to 90 days** for the Division to receive the report from the FCVS before submitting this application to the Division.

2. If you are applying for licensure by endorsement, additionally submit the following:
 - ❑ Using the “Request For Verification of License” form, obtain verification of licensure from every state in which you are **currently** licensed as a physician.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the Division or return them to you for submission with your application.
3. Submit a \$180.00 non-refundable application processing fee for a physician and surgeon license.
4. If you are applying for a Utah controlled substance license, additionally submit the following:
 - ❑ The original letter from Exporior documenting your passing score on the Controlled Substances Law and General Law Examination.
 - ❑ The \$90.00 non-refundable application processing fee for a Controlled Substance license.

ADDITIONAL IMPORTANT INFORMATION:

1. **Requirements for Licensure:** Specific requirements for Utah licensure as a physician/surgeon are listed in the Utah Medical Practice Act and the Utah Medical Practice Act Rules. General licensure requirements are set forth in the Division of Occupational and Professional Licensing Act and the General Rules of the Division of Occupational and Professional Licensing.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov. You may also purchase them for a fee from Exporior at the address and telephone number below.

- ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing Profession Licensing Act
 - ❑ Utah Medical Practice Act
 - ❑ Utah Medical Practice Act Rules
 - ❑ Utah Controlled Substances Act
 - ❑ Controlled Substance Act Rules of the Division of Occupational and Professional Licensing
 - ❑ Physicians Education Fund
 - ❑ Health Care Providers Immunity from Liability Act
2. **Controlled Substances Law and General Law Examination:** Applicants for a Controlled Substance license must pass the Controlled Substances Law and General Law

Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

A study guide, which has been prepared to assist candidates taking the law exam, may also be purchased from Experior.

3. **National Examinations:** Applicants must pass the required national examinations in one of the categories below:

- ☐ The United States Medical Licensing Examination (USMLE): steps 1, 2, and 3.
- ☐ The FLEX components 1 and 2.
- ☐ The National Board of Medical Examiners (NBME) examination parts I, II, and III.
- ☐ The NBME part I **or** the USMLE step 1 and the NBME part II **or** the USMLE step 2 and the NBME part III **or** the USMLE step 3.
- ☐ The FLEX component 1 and the USMLE step 3.
- ☐ The NBME part I **or** the USMLE step 1 and the NBME part II **or** the USMLE step 2 and the FLEX component 2.
- ☐ The Licentiate of the Medical Council of Canada (LMCC) parts 1 and 2.

4. **Foreign Medical Graduates:** All Foreign Medical Graduates are required to hold a valid ECFMG Certificate. Please contact the Education Council for Foreign Medical Graduates at (215) 386-5900 for more information.

Foreign medical graduates must also successfully complete 24 months of progressive resident training in a program approved by the ACGME, the Royal College of Physicians & Surgeons, the College of Family Physicians of Canada, or any similar body, approved by the Division.

5. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice of medicine in Utah.

For DEA registration information, contact the Drug Enforcement Administration, Rock Mountain Division, 115 Inverness Drive East, Englewood CO 80112. 1-800- 326-6900.

6. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
7. **Renewal of Licensure:** All Utah physician and surgeon licenses expire January 31 of every even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license.

8. **Payments:** Make licensure fees payable to "DOPL."
9. **Mail Complete Application To:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

10. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
11. **Fax Number:** (801) 530-6511

APPLICATION for LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender (Male or Female): _____ Date of Birth: _____

Have You Ever Held A Utah License Before? Yes_____ No_____

If Yes, Name of Profession: _____

If Yes, License Number: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: (_____)_____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____ Physician and Surgeon License

_____ Controlled Substance License

MEDICAL SCHOOL (Use additional sheets if necessary):

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: _____

GRADUATE MEDICAL EDUCATION OR TRAINING:

Complete the information below and account for all periods of training or postgraduate work from the time you graduated from medical school. Use additional sheets if necessary.

Name of Hospital: _____

Address of Hospital: _____

Department: _____

Date Began: _____ Date Ended: _____

Position (intern, resident, fellow): _____

Name of Hospital: _____

Address of Hospital: _____

Department: _____

Date Began: _____ Date Ended: _____

Position (intern, resident, fellow): _____

Name of Hospital: _____

Address of Hospital: _____

Department: _____

Date Began: _____ Date Ended: _____

Position (intern, resident, fellow): _____

IF YOU ARE APPLYING FOR LICENSURE BY ENDORSEMENT:

Please list your professional work experience showing that you have been actively engaged in the legal practice of medicine in the United States. Account for all periods of time since you completed your post-graduate training. Use additional sheets if necessary.

PROFESSIONAL EXAMINATION REQUIREMENT:

Number of Attempts

_____ USMLE part 1, Date(s) Taken: _____

_____ USMLE part 2, Date(s) Taken: _____

_____ USMLE part 3, Date(s) Taken: _____

_____ FLEX part I, Date(s) Taken: _____

_____ FLEX part II, Date(s) Taken: _____

_____ FLEX, Combined, Date(s) Taken: _____

_____ NBME part I, Date(s) Taken: _____

_____ NBME part II, Date(s) Taken: _____

_____ NBME part III, Date(s) Taken: _____

_____ LMCC part 1, Date(s) Taken: _____

_____ LMCC part 2, Date(s) Taken: _____

_____ Utah Controlled Substances Exam, Date(s) Taken: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any health care profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Status (Active, Expired, etc.): _____

Issuing State: _____

Profession: _____

Status (Active, Expired, etc.): _____

AFFIDAVIT IF APPLYING FOR LICENSURE AS A RESIDENT WITHIN UTAH:

I have successfully completed 12 months of resident training in an ACGME approved program after receiving a degree of doctor of medicine. I am successfully participating in an ACGME progressive residency program within Utah with no disciplinary action . I agree to surrender my license to the Division without any proceedings under the Administrative Procedures Act and the Division will automatically revoke my license as a physician and surgeon if I fail to continue in good standing in the ACGME approved residency program within Utah.

Signature of Applicant: _____

Date of Signature: _____

AFFIDAVIT IF APPLYING FOR A CONTROLLED SUBSTANCE LICENSE:

I hereby agree to comply with the laws of Utah relating to the Controlled Substances Act and Rules.

Signature of Applicant: _____

Date of Signature: _____

PHYSICIAN AND SURGEON QUALIFYING QUESTIONNAIRE

Answer “Yes” or “No” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?

11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?

If you answered “yes” to question 15, for each malpractice suit filed against your license, supply the date, status, disposition, amount of settlement, and a detailed description including your relationship to the patient and your role in the case.

16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

21. _____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
22. _____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer “yes” to question 21 or 22 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

23. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. _____ Have you ever been terminated from a position because of drug use or abuse?
25. _____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean that you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date of Signature: _____

Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to every state in which you are **currently** licensed as a physician. Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a _____

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is _____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please explain: _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement: from what state? _____

Examination Scores: _____

Education Required for Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)